

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject

Legislative Policy: Human Immunodeficiency Virus (HIV) Infection/AIDS

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Purpose

To establish the Board of Supervisors' legislative policy regarding Human Immunodeficiency Virus (HIV) Infection/Acquired Immune Deficiency Syndrome (AIDS) and to provide guidance to the County's legislative representatives when advocating the County's interests to legislators, other elected officials and policy makers.

Background

As of March 31, 2007, a total of 13,137 San Diego residents had been diagnosed and reported with AIDS, and 6,946 of those had died. In addition to the 6,191 San Diego residents still living with AIDS, an estimated 9,000 additional residents are living with HIV infection. Although new therapies have raised hopes for longer life spans and better quality of life for people living with HIV/AIDS, these therapies are not appropriate or effective for all consumers, and they have dramatically increased the already high cost of care and treatment for this disease. Legislative initiatives at state and federal levels can still have a profound influence on the course of the epidemic.

Policy

The legislative policy of the Board of Supervisors regarding HIV Infection/AIDS is to:

1. Support legislation that would provide protection against any discrimination based upon HIV status.
2. Support legislation to continue the availability of anonymous HIV testing.
3. Support legislation to provide continued funding, including adjustments for caseload and cost-of-care driven budget increases, for direct services such as mental health, case management, primary care, dental and other non acute-hospital based care to persons infected with the HIV.
4. Support legislation to provide funding for HIV prevention programs and care and treatment services to local jurisdictions, with responsibility and support for locally-controlled needs assessment, planning, and resource allocation.
5. Support legislation that would provide for HIV prevention activities that are justified by professional, peer-reviewed research, provided that such activities are not in conflict with any other established Board policy.
6. Support legislation to respond to the increasing impact of HIV/AIDS among the young, poor, women, and minorities, including support for culturally appropriate services, while maintaining the level of effort already developed regarding men who have sex with men.

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7. Support legislation that would make those disabled by HIV infection eligible for Medi-Cal when they meet financial eligibility requirements, and support an appropriate scope of services and provider reimbursement programs to ensure adequate access to needed services.
8. Support legislation that would provide long-term maintenance of funding for HIV-related medicines and laboratory tests.
9. Support legislation that would provide full cost recovery for all HIV-related services provided at the local level.
10. Support legislation that would continue authority and funding for the Health Insurance Premium Payment (HIPP) Program.
11. Support legislation that would expand counseling and education, case management, health care, and related efforts aimed at both jail inmates and jail personnel, and encourage voluntary testing.
12. Oppose legislation that would implement HIV reporting policies in cases where evaluations and research findings demonstrate adverse costs, inefficiencies, or detrimental impacts on funding or public health outcomes.
13. Support legislation to promote and expand educational efforts and prevention programs to prevent HIV infection and AIDS.
14. Support legislation to expand services to those who are already infected.
15. Support legislation to appropriate State and federal funds to subsidize HIV and other AIDS-related drugs.
16. Support legislation to fund the Ryan White Comprehensive AIDS Emergency Act (CARE); the Housing for People with AIDS program (HOPWA); and Centers for Disease Control Prevention activities and guidelines appropriate to the local characteristics of the epidemic; at least at 2005 funding levels; and that places priority on funding for Title 1 of the Ryan White Care Act.
17. Support legislation to increase funding and allow for collaborative programs between HIV/AIDS, STDs and Hepatitis.
18. Support legislation to promote HIV Prevention as part of substance abuse programs.

Responsible Departments

Health and Human Services Agency
Office of Strategy and Intergovernmental Affairs

Sunset Date

This policy will be reviewed for continuance by 12-31-14.

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References

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